

(A-4M FORM MUST BE SUBMITTED IN CONJUNCTION WITH THE EMPLOYEES TIMESHEET)

mm/dd/yy

mm/dd/yy

For reimbursement of **In-state mileage, toll and parking expenses** in the discharge of official duty from as listed and described per itemized statement herein.

To

EMPLOYEE SS NUMBER

8 DIGIT JOB NUMBER*

PAY PERIOD END DATE

Mileage Rate Per Current Collective Bargaining Agreement:

\$0.445

AGCY NAME

EMP NAME

EMPLOYEE

ADDRESS

JOB TITLE

HEADQUARTERS

ADDRESS

NOTE: PLEASE SHOW VICINITY MILES SEPARATELY

NOTE: PLEASE SHOW VICINITY MILES SEPARATELY						PRIVATE CAR MILEAGE (0704)	TOLLS AND PARKING (0707)	
DATE	EXPLANATION	FROM	TO	RETURN			EXPLANATION	AMOUNT
TOTALS (FOR REFERENCE ONLY)						\$		\$
GRAND TOTAL (FOR REFERENCE ONLY)						\$		

SECTION BELOW THIS LINE IS FOR PAYROLL OFFICER USE ONLY

EVENT DATE	EVENT CODE	AMOUNT	FUND	AGENCY	ORG	OBJECT CLASS	OBJECT CODE
01/00/00	MILES					070	704
01/00/00	TOLPK					070	707
01/00/00	MILES					070	704
01/00/00	TOLPK					070	707

CERTIFY THAT THE ABOVE ACCOUNT AND SCHEDULE ARE JUST AND TRUE IN ALL RESPECTS; THAT THE DISTANCES FOR WHICH CHARGE IS MADE HAVE BEEN ACTUALLY AND NECESSARILY TRAVELED ON THE DATES SPECIFIED; THAT THE AMOUNTS AS CHARGED HAVE BEEN ACTUALLY PAID BY ME FOR TRAVEL AND EXPENSES INCURRED ON OFFICIAL BUSINESS ONLY; THAT NO PART OF THE ACCOUNT HAS BEEN PAID BY THE STATE, BUT ALL THE FULL AMOUNT IS JUSTLY DUE; THAT ALL EXPENDITURES INCLUDED IN SAID ACCOUNT WERE MADE UNDER PRIOR AUTHORITY THEREOF OR UNDER CIRCUMSTANCES TO RENDER THE SECURING OF PRIOR AUTHORITY IMPRACTICABLE; THAT THE EXPENSE FOR WHICH NO VOUCHERS WERE OBTAINED WERE INCURRED UNDER SUCH CIRCUMSTANCES AS TO RENDER THE TAKING OF VOUCHERS IMPRACTICABLE, AS FULLY EXPLAINED HERE-IN.

(SIGNED) _____

DATE: _____

(PAYEE SIGNATURE)

I certify that the official headquarters of the claimant is as stated; that the travel was authorized from and to the point stated; that the within itemized statement has been examined and that the accounts therein claimed are just and reasonable except as noted.

(SIGNED)

DATE: _____

(HEAD OF DEPARTMENT SIGNATURE)